## PART B - FEE(S) TRANSMITTAL

## Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUL TEE

o: Mail Stop ISSUE r'EE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)					Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying					
10001 7500 A1/20/2007					Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.					
38881 7590 01/30/2007					Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.					
DICKSTEIN SHAPIRO LLP 1177 AVENUE OF THE AMERICAS 6TH AVENUE NEW YORK, NY 10036-2714										
								(Depositor	s name)	
								(Si <sub>l</sub>	gnature)	
					-				(Date)	
APPLICATION NO.	APPLICATION NO. FILING DATE		FIRST NAMED INVE		ATTO		PRNEY DOCKET NO. CONFIRMATION N		Ю.	
10/040,727 12/28/2001			Stefan Johannes Bitt		1 !		24-0077-999	2597		
TITLE OF INVENTION	: CHANNEL CODEC P	ROCESSOR CONFIGUI	RABLE FOR MUI	LTIPLE	WIRELESS COM	MUNIC	ATIONS STANDAI	RDS		
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION F	EE DUE	PREV. PAID ISSU	E FEE	TOTAL FEE(S) DUE	DATE DUE		
nonprovisional	YES NO	\$700-5400	\$300		\$0		\$ <del>1000</del> 1,70	<b>70.00</b> 04/30/2007	/	
EXAMINER		ART UNIT	CLASS-SUBCL	ASS	]		·			
PHU, PHUONG M		2611	375-21900	0	•					
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).			1	•	atent front page, lis			STEIN SHAPIRO LL		
Change of corresp Address form PTO/SI	(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  DICKSTEIN SHAPIRO LLP									
"Fee Address" ind PTO/SB/47; Rev 03-0 Number is required.	registered attor 2 registered pa	torney or agent) and the names of up to patent attorneys or agents. If no name is me will be printed.								
3. ASSIGNEE NAME A					,	_				
PLEASE NOTE: Unl recordation as set fort	ess an assignee is ident h in 37 CFR 3.11. Comp	ified below, no assignee pletion of this form is NO	data will appear of T a substitute for f	on the pa iling an	atent. If an assign assignment.	ee is ide	entified below, the d	ocument has been fil	ed for	
(A) NAME OF ASSI			(B) RESIDENCE	E: (CITY	and STATE OR C	COUNTR	RY)			
Intineon	lechnolog	ies AG	Mun	ich	, Gern	ar	14			
Please check the appropr	iate assignee category or	categories (will not be pr						oup entity 🔲 Gover	nment	
4a. The following fee(s) are submitted:  4b. Payment of Fee  ☐ A check is er					se first reapply ar	ıy previ	ously paid issue fee	shown above)		
Publication Fee (No small entity discount permitted)  Payment by of					edit card. F <del>orm PTO-2038 is attached</del> .					
Advance Order - #	of Copies	<u>en</u>	The Director in overpayment,	s hereby to Depo	authorized to char sit Account Numbe	ge the re		ficiency, or credit and n extra copy of this for		
5. Change in Entity Star  a. Applicant claim	tus (from status indicated s SMALL ENTITY statu	•	b. Applicant i	s no lon	ger claiming SMAI	LL ENTI	ITY status. See 37 C	FR 1.27(g)(2).		
NOTE: The Issue Fee and interest as shown by the	d Publication Fee (if requeecords of the United Sta	uired) will not be accepte tes Patent and Trademark	d from anyone oth Office.	er than tl	he applicant; a regi	stered at	torney or agent; or the	ne assignee or other p	arty in	
Authorized Signature	Laure	a C. Bru	lmar	7	Date	ril	23,200	57		
Typed or printed name		· Dialma			Registration N		<i>&gt;</i> 8,21	<u> </u>		
This collection of inform an application. Confiden submitting the complete this form and/or suggesti Box 1450, Alexandria, V Alexandria, Virginia 223	I application form to the ons for reducing this bur irginia 22313-1450. DO 13-1450.	USPTO. Time will vary den, should be sent to the NOT SEND FEES OR	depending upon to e Chief Information COMPLETED FO	he indiv n Office RMS TO	idual case. Any co r, U.S. Patent and THIS ADDRESS	mments Tradema S. SEND	on the amount of the order of the office, U.S. Dep TO: Commissioner	me you require to con artment of Commerce for Patents, P.O. Box	mplete	
Under the Paperwork Red	duction Act of 1995, no p	persons are required to res	spond to a collection	on of info	ormation unless it o	lisplays :	a valid OMB control	number.		